

# **Delegate Registration and Information Form**

## **2004 JUSTSAP WORKSHOP**

### ***“New Horizons for Bilateral Space-Related Initiatives”***

**Japan-U.S. Science, Technology & Space Applications Program**  
***Waikoloa Beach Marriott – Waikoloa, Hawai'i***  
***November 13-16, 2004***

#### **SECTION A: PARTICIPANT INFORMATION**

*Please Type or Print Clearly*

Name: \_\_\_\_\_  
Last First Middle

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
City Province/ State Country Zip Code

Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
(Business)

E-Mail: \_\_\_\_\_ URL \_\_\_\_\_

#### **SECTION B: REGISTRATION FEE (Applicable ONLY for U.S. Delegates)**

Early Registration: *Postmarked by October 1, 2004* \$400.00  
Late Registration: *Postmarked October 2, 2004 and after* \$475.00

**REGISTRATION FEE DUE \$ \_\_\_\_\_**

**Your delegate Registration Fee covers all conference meals (continental breakfast, lunches, dinners and refreshment breaks) during the workshop, beginning with the Opening Reception on Saturday evening, Nov. 13, and ending with a special closing event on Tuesday Nov. 16th, as well as copies of all conference-related materials.**

**Guest meals MAY be purchased and are NOT included in your registration fee. See Section E.**

#### **SECTION C: SESSION SELECTION**

November 15 & 16, Monday and Tuesday

***Please select the working group sessions that you will be participating in on both days:***

- ☐ Satellite Telecommunications
- ☐ Disaster Management, Modeling & Mitigation
- ☐ Space Environment Utilization
- ☐ Small Satellite & Space Launch Infrastructure
- ☐ Space Power & Infrastructure

## **SECTION D: PRESENTATION REQUIREMENTS**

Please note the date/time and title of your presentation. Please specify your audio visual needs.

Date/Time of Presentation: \_\_\_\_\_

Title of Presentation: \_\_\_\_\_

Audio Visual Requirements:

- ☐ Overhead Projector
- ☐ Slide Projector
- ☐ LCD projector      **REMINDER: If you will be using an LCD in your presentation, PLEASE remember to bring your own Laptop Computer!**
- ☐ VCR/Monitor
- ☐ Audio Cassette/CD player
- ☐ Other – please specify: \_\_\_\_\_ (we will try to accommodate if possible)

## **SECTION E: OPTIONAL GUEST MEALS (To be filled out ONLY if you are bringing a guest!)**

Meals for registered participants are included in the registration fee. The selections below are for **GUEST MEALS ONLY.**

Name of your guest(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

Please check meals that you are purchasing for your guest(s):

	# of guests	Cost per person	Total
<input type="checkbox"/> Opening Reception - Saturday, Nov. 13	_____	\$ 55.00	\$ _____
<input type="checkbox"/> Lunch - Sunday, Nov. 14	_____	\$ 35.00	\$ _____
<input type="checkbox"/> Dinner - Sunday, Nov. 14	_____	\$ 55.00	\$ _____
<input type="checkbox"/> Breakfast - Monday, Nov. 15	_____	\$ 17.00	\$ _____
<input type="checkbox"/> Lunch - Monday, Nov. 15	_____	\$ 35.00	\$ _____
<input type="checkbox"/> Dinner - Monday, Nov. 15	_____	\$ 55.00	\$ _____
<input type="checkbox"/> Breakfast - Tuesday, Nov. 16	_____	\$ 17.00	\$ _____
<input type="checkbox"/> Lunch - Tuesday, Nov. 16	_____	\$ 35.00	\$ _____
<input type="checkbox"/> Hawaiian Closing Dinner & Show - Nov. 16	_____	\$ 95.00	\$ _____

**TOTAL DUE FOR GUEST MEALS      \$ \_\_\_\_\_**

## **SECTION F: CONFERENCE REGISTRATION SUMMARY (Applicable ONLY for U.S. Delegates)**

<b>Total Submitted for Registration Fee</b>	<b>Section A</b>	<b>\$ _____</b>
<b>Total Submitted For Optional Guest Meal Purchases</b>	<b>Section E</b>	<b>\$ _____</b>
<b>Grand Total Submitted</b>	<b>Section A + E</b>	<b>\$ _____</b>

### **Payment Made Easy**

Your registration fee may be paid by credit card (VISA or MASTER CARD ONLY).

Checks, money orders or purchase orders made payable to **RCUH (Research Corporation of the University of Hawaii)** will also be accepted.

Payment Method (please check one):

- ☐ Check – Please attach and mail in with this form.
- ☐ Purchase Order – Please attach and mail in with this form.
- ☐ Credit Card – Please complete the information below and fax or mail form to the address below.

**Credit Card Authorization: I hereby authorize the Research Corporation of the University of Hawaii to charge my credit card account.**

Check One: ☐ Visa ☐ MasterCard

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Please type or print clearly:*

Expiration Date Month/Year: \_\_\_\_\_

Signature of Authorized User: \_\_\_\_\_

### **Mail or fax registration form and payment/payment information to:**

University of Hawaii at Hilo Conference Center  
JUSTSAP 2004 WORKSHOP  
200 West Kawili Street  
Hilo, Hawaii 96720-4091

Phone: (808) 974-7555  
Fax: (808) 974-7684

### **Cancellations:**

No cancellations will be accepted after **October 10, 2004**. Requests for refunds must be in writing and received by October 10, 2004. Please send request to the UH Hilo Conference Center. Refunds will be mailed after the conclusion of the conference. Please allow five weeks for processing.

### **For Program Information, please contact:**

**Jim Crisafulli**, JUSTSAP Secretariat in Honolulu, (808) 586-2388 or [jcrisafu@dbedt.hawaii.gov](mailto:jcrisafu@dbedt.hawaii.gov)

### **For Registration Information, please contact:**

**Mary Ann Tsuchiyama**, UH Hilo Conference Center, (808) 974-7555 or [marytsuc@hawaii.edu](mailto:marytsuc@hawaii.edu)

## **SECTION G: HOTEL INFORMATION**

The 2004 JUSTSAP Workshop will be held at the:

Waikoloa Beach Marriott  
69-275 Waikoloa Beach Drive  
Waikoloa, Hawai'i 96738  
Phone: (808) 886-6789 (Direct line to hotel)  
Fax: (808) 886-1554  
Toll Free: (800) 922-5533  
E-Mail: [reservations@waikoloabeachmarriott.com](mailto:reservations@waikoloabeachmarriott.com)

Your hotel reservations must be made by **OCTOBER 1, 2004** directly with the Hotel. **The "Hotel Reservation Form" may be found on the conference website, <http://www.justsap.us/>.**

Please complete the hotel form and **fax directly to the Waikoloa Beach Marriott** (faxing information is contained on this form).

### **Hotel Costs:**

Special conference rates have been arranged for JUSTSAP delegates.

**\$150 + tax per night (single or double occupancy for Run of House rooms)**

**\$160. + tax per night (single or double occupancy for Run of Ocean rooms)**

(Tax on both room classes is 11.4166%)

Credit card payments will be accepted for either reservation. Please fill out the hotel form and fax directly to the Waikoloa Beach Marriott.

**REMINDER! - PLEASE REGISTER AS SOON AS POSSIBLE!**

This registration form may be duplicated as necessary.  
PLEASE type or print all information.

***Mahalo and Aloha!***